

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Commission for Children With Special Health Care Needs

3 Health and Development Division

4 (Amended after Comments)

5 911 KAR 2:130. Kentucky Early Intervention Program assessment and service
6 planning.

7 RELATES TO: KRS 200.660(6), 200.664, 34 C.F.R. 303.322, 303.340 to 303.346,
8 20 U.S.C. 1471 to 1476

9 STATUTORY AUTHORITY: KRS 194A.030(7), 194A.050, 200.660(7), 34 C.F.R.
10 303.500, 20 U.S.C. 1476, EO 2003-064

11 NECESSITY, FUNCTION, AND CONFORMITY: Executive Order 2003-064,
12 effective December 16, 2003, reorganized the Cabinet for Health Services and places
13 the Commission for Children with Special Health Care Needs and First Steps,
14 Kentucky's early intervention program under the Cabinet for Health and Family
15 Services. KRS 200.660 requires the Cabinet for Health and Family Services to
16 administer funds appropriated to implement the provisions of KRS 200.650 to 200.676,
17 to enter into contracts with service providers, and to promulgate administrative
18 regulations. This administrative regulation establishes the provisions of assessment and
19 the Individualized Family Service Plans used in First Steps[, ~~Kentucky's Early~~
20 ~~Intervention Program~~].

21 Section 1. Assessment. (1) Initial assessment activities shall occur after the

1 establishment of a child's eligibility for First Steps and prior to the initial IFSP in
2 accordance with 911 KAR 2:120, Section 1.

3 (a) An initial assessment shall occur within the areas of development that were
4 determined to be below the normal range as identified in the primary level evaluation.

5 (b) The following shall complete an assessment:

6 1. A discipline most appropriate to assess the area of documented delay and of
7 which the family has the greatest concern; and

8 2. The fewest additional disciplines as needed to assess the other areas identified
9 as delayed.

10 (c) If a child is eligible due to an established risk condition of hearing loss, an
11 assessment shall be performed by a speech therapist.

12 (2) Assessment shall be the on-going procedure used by personnel meeting the
13 qualifications established in 911 KAR 2:150 throughout the period of a child's eligibility
14 for First Steps. An assessment shall reflect:

15 (a) The child's unique strengths and needs;

16 (b) The services appropriate to meet those needs;

17 (c) The family's resources, priorities and concerns which shall be:

18 1. Voluntary on the part of the family;

19 2. Family-directed; and

20 3. Based on information provided by the family through personal interview; and

21 (d) The supports and services necessary to enhance the family's capacity to meet
22 the developmental needs of their child.

23 (3)(a) Assessments shall be ecologically valid and reflect appropriate multisource

1 and multimeasures. One (1) source or one (1) measure shall not be used as the sole
2 criterion for determining an intervention program. Assessment methods shall include
3 direct assessment and at least one (1) of the following:

4 1. Observations, which shall:

5 a. Take place over several days if possible;

6 b. Occur in natural settings;

7 c. Include play and functional activities of the child's day; and

8 d. Be recorded in a factual manner;

9 2. Interview and parent reports, which shall:

10 a. Involve the use of open-ended questioning after the assessor establishes
11 rapport; and

12 b. Be provided by parents and other primary caregivers; and

13 3. Behavioral checklist and inventories, which shall:

14 a. Be completed by caregivers by mail, phone or through face-to-face interview;
15 and

16 b. Allow for comparison across settings.

17 (b) Direct assessment shall include one (1) or more instruments:

18 1. That are appropriate for an infant or toddler and that allows for adaptations for a
19 disability as needed; and

20 2. That are criterion-referenced, which compares the child's level of development
21 with skills listed in a chronological sequence of typical development.

22 (c) In order for a therapeutic intervention to be provided in the area of delay
23 identified by the developmental evaluation, the assessment instrument shall indicate

1 that the child's development is below the instrument's normal range for a child his age.

2 (4) If after an assessment is ~~[the initial assessments are]~~ completed, the IFSP team
3 determines that a subsequent assessment is warranted, the following shall be
4 documented on the IFSP:

5 (a) The parent has a documented concern that would necessitate another
6 assessment;

7 (b) Why there is not a current provider on the IFSP team that can assess the area
8 of concern; and

9 (c) What has changed in the child's ability to warrant the subsequent assessment.

10 (5) A service coordinator shall obtain a physician's or ARNP's written consent in
11 order to complete an assessment on a child deemed medically fragile. The consent
12 shall be specific as to the skill areas that may be assessed.

13 (6) The written assessment report shall include:

14 (a) A description of the assessment instruments used in accordance with
15 subsection (3)(b) of this section;

16 (b) A description of the assessment activities and the information obtained,
17 including information gathered from the family;

18 (c) Identifying information, including:

19 1. The central billing and information identification number;

20 2. The child's Social Security number, if available;

21 3. The name of the child;

22 4. The child's age at the date of the assessment;

23 5. The name of the service provider and discipline;

6. The date of the assessment;
7. The setting of the assessment;
8. The state of health of the child during the assessment;
9. The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances;
10. The medical diagnosis if the child has an established risk condition;
11. The formal and informal instruments and assessment methods and activities used;
12. Who was present for the assessment; and
13. The signature of the assessor;

(d) A profile of the child's level of performance, in a narrative form which shall indicate:

1. Concerns and priorities;
2. Child's unique strengths and needs;
3. Skills achieved since last report, if applicable;
4. Emerging skills; and
5. Direction of future service delivery;

(e) Suggestions for strategies, materials, settings, equipment or adaptations that shall support the child's development in natural environments; and

(f) Information that shall be helpful to the family and other providers in building on the team's focus for the child and family.

(7)(a) The initial assessment, other formal assessments and their resulting report shall be completed and sent to the service coordinator within ten (10) working days of

the provider receiving the complete written assessment referral from the service coordinator. The complete assessment referral request shall include:

1. The point of entry's intake and child history documentation;

2. The ~~[Point of Entry]~~ Update Form; and

3.a. The primary level evaluation report;

b.(i) Prior to July ~~[January]~~ 1, 2004, if an IFSP is in place, page 1 of the IFSP (Form 10) authorizing the assessment;

(ii) The IFSP Meeting-Summary Sheet Services Form; and

(iii) The primary level evaluation report; or

c.(i) If the July ~~[January]~~ 1, 2004 edition of the IFSP is in place, the "[Amendment:] Assessment Not Indicated by PLE Score" form, if appropriate ~~[page of the IFSP];~~

(ii) The "Initial and Ongoing Evaluation and Eligibility" form, incorporated by reference in 911 KAR 2:120; and ~~[page;]~~

(iii) The ~~["Ongoing Evaluation/Assessment/Progress Report Results" page; and~~

~~(iv) The]~~ "Your Family and Childcare Routines" ~~["Child Learning Profile"]~~ page of the IFSP.

(b) The provider who performed the assessment shall:

1. Verbally share the assessment report with the family and shall document the contact in the assessor's notes;

2. Provide the written report to the family and the service coordinator within the time frame established in paragraph (a) of this subsection; and

3. Write the report in family-appropriate language that the child's family can easily understand.

(c) If the time frame established in paragraph (a) of this subsection is not met due to illness of the child or a request by the parent, the assessor shall document the delay circumstances in his staff notes with supportive documentation made in the child's record by the service coordinator, and the report shall be provided to the service coordinator within five (5) calendar days of completing the assessment.

(8) Information gathered in the assessment shall be used to determine the service decisions included in the IFSP.

(9) (a) A child enrolled in First Steps shall receive an assessment as an integral part of service delivery.

(b) Assessment shall be ongoing in the First Steps Program to ensure concerns and strategies are focused to meet the child and family's current needs. An assessment provided as a general practice of a discipline, not due to the child or family's needs, shall be considered therapeutic intervention, not an assessment.

(c) Ongoing assessment shall ensure that the IFSP and services are flexible and accessible.

(10)(a) Ten (10) calendar days prior to the earlier of the annual or six (6) month review of the IFSP or the expiration date of the IFSP, a service provider shall supply progress reports to the primary service coordinator and family.

(b) The following information shall be included in the progress report:

1. The name of the child;

2. The date of birth of the child;

3. The child's identification number or social security number;

4. The name of the primary service coordinator;

- 1 5. The name and title of the person completing the report;
- 2 6. The name of the agency completing the report, if applicable;
- 3 7. The service being provided, along with the frequency and intensity;
- 4 8. Whether the service was provided in an office, home, community or group
- 5 setting;
- 6 9. The child's actual attendance over the six (6) month period;
- 7 10. The six (6) month summary of progress note, which shall include information
- 8 that indicates any advances or declines, if any, the child has made in the six (6) months;
- 9 11. The child's current developmental age range;
- 10 12. Recommendations;
- 11 13. The signature of the person completing the report; and
- 12 14. The date of the report.

13 Section 2. Individualized Family Service Plan (IFSP). (1) The signed IFSP shall be
14 a contract with the family and providers. A service included on the IFSP shall be
15 provided unless the family chooses not to receive the service.

16 (2) The First Steps IFSP Form shall be used to record the IFSP. For meetings that
17 occur prior to July [~~January~~] 1, 2004, the October 1998 IFSP form shall be used. For
18 meetings that occur on or after July [~~January~~] 1, 2004, the July [~~January~~] 2004 IFSP
19 form shall be used. Items on the IFSP form shall be completed as instructed on the
20 form. The accompanying [~~initial~~] IFSP documentation shall include:

- 21 (a) Appropriate evaluation reports in accordance with 911 KAR 2:120, Section 1
- 22 and assessments reports in accordance with this section;
- 23 (b) Identification of covered services;

1 (c) Progress reports, in accordance with Section 1(10) of this administrative
2 regulation; and

3 ~~[(d) Staff notes, which shall include the following information:~~

4 ~~1. The child's name;~~

5 ~~2. The child's identification number or social security number;~~

6 ~~3. The date of service or contact;~~

7 ~~4. The beginning and ending time of the service;~~

8 ~~5. The service setting and the type of contact, such as phone, face to face, office or~~
9 ~~center;~~

10 ~~6. The discipline;~~

11 ~~7. A description of what happened during the session, the child's response and~~
12 ~~future action to be taken; and~~

13 ~~8. The staff's signature, degree and title.~~

14 ~~e. A discharge summary, if a service provider is discharging a child prior to his exit~~
15 ~~from the total program. The discharge summary shall include the following information:~~

16 ~~1. The child's name;~~

17 ~~2. The child's date of birth;~~

18 ~~3. The child's identification number or social security number;~~

19 ~~4. The child's primary service coordinator;~~

20 ~~5. The name of the professional, service and agency that is discharging the child;~~

21 ~~6. The child's entry and exit date to that service;~~

22 ~~7. The reason for discharge;~~

23 ~~8. The summary of services and progress;~~

1 9. Recommendations;

2 The signature of the person completing the report; and

3 10. The date the report was completed; and

4 ~~(f)~~ (d) [(e)] Signed approval by the IFSP team that shall include individuals
5 identified on the “Summary of First Step Services ~~[Providers and Funding Sources]~~”
6 page ~~[in the responsible party column]~~ of the IFSP.

7 (3)(a) With the exception of a situation established in paragraphs (b) or (c) of this
8 subsection, an authorized IFSP shall be valid for a period not to exceed six (6) months
9 in length. An amendment that occurs to the IFSP shall be valid for the remaining period
10 of the plan.

11 (b) If an IFSP is expected to expire within twenty-one (21) calendar days of a child
12 turning age three (3), an extension of the current IFSP shall be granted if the service
13 coordinator provides the payment authorization coordinator at the Louisville CSHCN
14 office with the following information:

15 1. A copy of the transition plan developed at the transition conference held at least
16 ninety (90) calendar days prior to the child turning three (3);

17 2. A list of who attended the transition conference;

18 3. A copy of the IFSP that is expiring or has expired; and

19 4. A letter indicating that the:

20 a. IFSP team agrees with the decision to extend the IFSP; and

21 b. Parents are aware that they have the option of:

22 (i) Having an IFSP team meeting; or

23 (ii) Waiving their right to meet as an IFSP team.

1 (c) If an IFSP team meeting cannot be scheduled and convened prior to the current
2 IFSP expiring, an extension may be authorized if the service coordinator provides the
3 following information to the CSHCN:

4 1. A letter requesting an extension of the current IFSP, including the dates the
5 extension is to cover;

6 2. A detailed description of attempts made to hold an IFSP meeting and the
7 reasons why the meeting cannot be held prior to the expiration of the current IFSP;

8 3. The scheduled date that the next IFSP meeting shall take place;

9 4. A copy of the current IFSP that has expired or is expiring, with amendments; and

10 5. Copies of the current progress reports from the IFSP team.

11 (d) If a family chooses not to receive a service included on the IFSP, for reasons
12 such as illness or an inability to keep an appointment, the service provider shall
13 document the circumstances in his staff notes.

14 (4) The following shall be adhered to in the development and implementation of the
15 IFSP. IFSP team members shall:

16 (a) Provide a family-centered approach to early intervention;

17 (b) Honor the racial, ethnic, cultural, and socioeconomic diversity of families;

18 (c) Show respect for and acceptance of the diversity of family-centered early
19 intervention;

20 (d) Allow families to choose the level and nature of early intervention's involvement
21 in their lives;

22 (e) Facilitate and promote family and professional collaboration and partnerships
23 are the keys to family-centered early intervention and to successful implementation of

1 the IFSP process;

2 (f) Plan and implement the IFSP using a team approach;

3 (g) Reexamine their traditional roles and practices and develop new practices as
4 appropriate that promote mutual respect and partnerships;

5 (h) Ensure that First Steps services are flexible, accessible and responsive to
6 family-identified needs; and

7 (i) Ensure that families have access to services provided in as normal a fashion and
8 environment as possible and that promote the integration of the child and family within
9 the community.

10 (5)(a) For a child that has been evaluated for the first time and determined eligible
11 in accordance with 911 KAR 2:120, a meeting to develop the initial IFSP shall be
12 conducted within forty-five (45) days after the point of entry receives the referral.

13 (b) If the initial IFSP meeting does not occur within forty-five (45) days due to illness
14 of the child, ~~[or]~~ approval to delay by the parent, or another reason, the delay
15 circumstances shall be documented on the IFSP.

16 (6) The IFSP shall be reviewed for a child and the child's family by convening a
17 meeting at least every six (6) months. An IFSP team meeting shall be convened more
18 frequently if:

19 (a) The family requests a review;

20 (b) The child's condition changes;

21 (c) For IFSP meetings that occur before July ~~[January]~~ 1, 2004 and except for a
22 situation established in subsection (7)(a)6. or 7. ~~[(f) or (g)]~~ of this section, a service
23 provider identified on the IFSP form changes; or

(d) Except for a situation established in subsection (7)(a)3. [~~(e)~~] of this section, a member of the IFSP team determines there is a need to increase the intensity, frequency or duration of a service.

(7)(a) An IFSP may be amended without a meeting in accordance with the procedures established in paragraphs (b) and (c) of this subsection if:

1. A child is discharged from:

a. A service due to achieving developmental milestones in that area; or

b. The First Steps Program;

2. There is a decrease in the frequency, intensity or duration of a service;

3. The frequency of a service increases but not the number of units, such as changing from once a week for one (1) hour to twice a week for thirty (30) minutes;

4. A member of the IFSP team determines that an additional assessment is needed;

5. The family requests transportation services;

6.a. A service provider will be on leave;

b. The current IFSP indicates who the replacement shall be;

c. The replacement provider does not change the outcomes identified on the current IFSP; and

d. The family agrees;

7.a. A primary service coordinator changes at the request of the previous primary service coordinator or the family;

b. The replacement primary service coordinator does not change the outcomes identified on the IFSP;

1 c. The family agrees to the primary service coordinator change; and

2 d. The primary service coordinator notifies the team members of the change;

3 8. A team member changes provider numbers and the family wishes to retain that
4 team member's services; or

5 9. An assistive technology device is ordered after an IFSP meeting was held at
6 which the team members agreed that a specific assistive technology device was
7 needed and strategies and activities were identified in the plan to meet the outcomes.

8 (b) If a member of the IFSP team determines that an additional assessment is
9 needed [~~change identified in paragraph (a) of this subsection occurs prior to July~~
10 ~~January 1, 2004~~], the service coordinator shall obtain written approval or verified verbal
11 approval from team members and shall document the means of obtaining the approval
12 on the IFSP. Additionally, the team members shall document the contact and approval
13 in their staff notes.

14 (c) [~~1. Except for the change identified in paragraph (a)4 of this subsection~~], With
15 the exception of an IFSP team member determining that an additional assessment is
16 needed, if a change identified in paragraph (a) of this subsection occurs on or after July
17 ~~January~~ 1, 2004, the service coordinator shall meet with the parent of the child to
18 obtain written approval prior to effecting the change. Approval from other IFSP team
19 members shall not be required.

20 [~~2. If a member of the IFSP team determines that an additional assessment is~~
21 ~~needed~~ [~~the change identified in paragraph (a)4 of this subsection occurs~~] on or after
22 July [~~January~~] 1, 2004, the service coordinator shall obtain written approval or verified
23 verbal approval from team members and shall document the means of obtaining the

~~approval on the IFSP. Additionally, the team members shall document the contact and approval in their staff notes.]~~

(8) With the approval of the family, the primary service coordinator shall arrange a conference to discuss the transition of the family from the program. The conference shall be conducted at least ninety (90) days before the child's third birthday and shall include:

(a) The family;

(b) A representative of the local education agency and representatives of other potential settings;

(c) The primary service coordinator as a representative of the First Steps Program;

(d) Others identified by the family; and

(e) Current service providers.

(9) The IFSP shall include:

(a)1. A summary of the family rights handbook;

2. A signed statement of assurances by the family; and

3. A statement signed by the parent that complies with KRS 200.664(6);

(b) Information about the child's present level of developmental functioning.

Information shall cover the following domains:

1. Physical development that includes fine and gross motor skills:

2. Cognitive development that include skills related to a child's mental development and includes basic sensorimotor skills, as well as preacademic skills;

3. Communication development that includes skills related to exchanging information or feelings, including receptive and expressive communication and

1 communication with peers and adults;

2 4. Social and emotional development that includes skills related to the ability of
3 infants and toddlers to successfully and appropriately select and carry out their
4 interpersonal goals. These include:

5 a. Parent and infant bonding;

6 b. Interactions with peers and adults;

7 c. Play skills;

8 d. Self-concept development; and

9 e. Bonding with family members;

10 5. Adaptive development that includes self-help skills necessary for independent
11 functions that include:

12 a. Self-feeding;

13 b. Toileting; and

14 c. Dressing and grooming; and

15 6. Physical development that shall be documented annually and that shall include:

16 a. Vision;

17 b. Hearing;

18 c. Health statues; and

19 d. If present, the established risk condition;

20 (c) Performance levels to determine strengths which can be used when planning
21 instructional strategies to teach skills;

22 (d) A description of:

23 1. Underlying factors that may affect the child's development; and

2. What motivates the child, as determined on the basis of observation, child interaction and parent report;

(e) With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child;

(f)1. A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary. Outcome and strategy statements shall:

- a. Be functionally stated;
- b. Be representative of the family's own priorities;
- c. Fit naturally into the family's routines or schedules;
- d. Reflect the use of the family's own resources and social support network; and
- e. Be flexible to meet the child and family's needs in expanded current and possible future environments; and

2. Strategy and activity statements that shall be practical suggestions that assist the family and other team members in achieving the family's desired outcome for the child and family.

a. Typically strategies shall refer to the steps or methods a family and team will use to accomplish the outcomes;

b. Activities shall refer to what will be done to embed strategies into the routines or regular events that occur in the child's natural environment; and

c. The strategies and activities area shall include criteria of how the outcomes shall

1 be measured to determine mastery or progress and shall be developmentally
2 appropriate, functional, valued by others, realistic and achievable and promote
3 generalized use of skill;

4 (g)1. The specific First Step services necessary to meet the unique needs of the
5 child and family to achieve the outcomes. Service documentation shall be stated in
6 frequency, intensity, duration, location and method of delivering services, and shall
7 include payment arrangements, if any;

8 2. With the exception of group intervention, and unless prior authorization is
9 granted in accordance with 911 KAR 2:200, Section 4, based on individual needs of the
10 child, the frequency and intensity for therapeutic intervention for each child shall not
11 exceed one (1) hour per discipline per week for the following disciplines:

- 12 a. Audiologist;
- 13 b. RN or LPN;
- 14 c. Nutritionist or dietician;
- 15 d. Occupational therapist or occupational therapist assistant;
- 16 e. Orientation and mobility specialist;
- 17 f. Physician;
- 18 g. Physical therapist or physical therapist assistant;
- 19 h. Psychologist, certified psychologist with autonomous functioning, psychological
20 associate, family therapist, or licensed social worker;
- 21 i. Speech language pathologist or speech language pathologist assistant;
- 22 j. Teacher of the visually impaired;
- 23 k. Teacher of the deaf and hard of hearing; or

1 I. Developmental interventionist or developmental associate;

2 3.a. A description of the natural environment, which includes natural settings and
3 service delivery systems, in which the early intervention service is to be provided;

4 b. How the skills shall be transferred to a caregiver so that the caregiver can
5 incorporate the strategies and activities into the child's natural environment; and

6 c. How the child's services may be integrated into a setting in which other children
7 without disabilities participate; and

8 4. If the service cannot be provided in a natural environment, the IFSP shall be
9 documented with the reason;

10 (h) The projected dates for initiation of the services, and the anticipated duration of
11 those services;

12 (i) Other services that the child needs, such as medical services or housing for the
13 family, that are not early intervention services. The funding sources and providers to be
14 used for those services or the steps that will be taken to secure those services through
15 public or private resources shall be identified;

16 (j) The name of the primary service coordinator chosen to represent the child's or
17 family's needs. The Primary Service Coordinator shall be responsible for the
18 implementation of the IFSP and coordination with other agencies and persons in
19 accordance with 911 KAR 2:140, Section 1(6);

20 (k) The steps to be taken to support the transition of the child to preschool services
21 provided by the public educational agency, to the extent that those services are
22 considered appropriate, or to other services that may be available, if appropriate;

23 1. With approval of the family, a transition conference shall occur at least ninety

1 (90) days prior to the child's third birthday;

2 2. The transition conference shall involve:

3 a. IFSP team members;

4 b. Staff from the local public educational agency; and

5 c. Other agencies at the family's request that could be potential service agencies
6 after the child turns three (3);

7 3. The conference shall be held to review program options for the child at age three
8 (3) and to write a plan, through the IFSP, for transition. The service coordinator shall
9 chair this meeting; and

10 (l) Documentation substantiating the following if the child is being provided group
11 intervention:

12 1. If the child is enrolled in day care or attending a group during normal routines,
13 why the therapeutic intervention cannot be provided in the child's current group setting;
14 and

15 2. Therapeutic intervention during group shall be directly related to the child's
16 individualized strategies and activities as identified on the IFSP.

17 (10) If the IFSP team determines that a therapeutic intervention service shall be
18 provided using a transdisciplinary team approach, the IFSP, provider notes and
19 progress documentation shall include:

20 (a) Which disciplines are providing the therapy using this approach;

21 (b) Evidence of transdisciplinary planning and practice, including documentation of
22 how role-release is occurring;

23 (c) How the skills are being transferred so that one (1) provider is capable of

1 providing the services previously provided by the team;

2 (d) That the service is individualized to the particular family and child's needs; and

3 (e) If more than one (1) provider is present and providing therapeutic intervention
4 services at the same time using a cotreatment approach:

5 1. Why this approach is being used;

6 2. The outcomes and activities;

7 3. Who is performing what activities; and

8 4. That the service providers involved are providing therapeutic intervention at the
9 same time.

10 (11) The family shall be encouraged to discuss their child's activities, strengths,
11 likes and dislikes, exhibited at home.

12 (12) The IFSP shall highlight the child's abilities and strengths, rather than focusing
13 just on the child's deficits.

14 (13) Every attempt shall be made to explain the child assessment process by using
15 language the family uses and understands.

16 (14) The families may agree, disagree, or refute the assessment information.

17 (15) The family's interpretation and perception of the assessment results shall be
18 ascertained and the family's wishes and desires shall be documented as appropriate.

19 (16) If an agency or professional not participating on the IFSP team but active in
20 the child's life makes a recommendation for an early intervention service, it shall not be
21 provided as a First Steps service unless the IFSP team considers the recommendation,
22 verifies that it relates to a chosen outcome, and agrees to it.

23 Section 3. First Steps early intervention records. (1) The First Steps, early

intervention record shall include:

- (a) A referral form;
- (b) A social, developmental and medical history;
- (c) A developmental evaluation report;
- (d) A medical diagnosis, if appropriate;
- (e) Assessment reports;
- (f) Releases of information;
- (g) Signed statements of assurances;
- (h) Access to review records information;
- (i) All IFSPs;
- (j) Transition plans;
- (k) Six (6) month review progress reports;
- (l) Discharge summaries;
- (m) All correspondence;
- (n) Staff notes;
- (o) Due process requests and decisions; and
- (p) All parent consent forms.

(2) The minimum information to be included in the six (6) month review progress report from a service provider shall include the components identified in Section 1(10)(b) of this administrative regulation.

(3) The minimum information to be included in a staff note shall be:

- (a) The child's name;
- (b) The child's identification number or social security number;

1 (c) The date of service or contact;

2 (d) The beginning and ending time of the service;

3 (e) The service setting and the type of contact, such as phone, face-to-face, office
4 or center;

5 (f) The discipline;

6 (g) A description of what happened during the session, the child's response and
7 future action to be taken; and

8 (h) The staff's signature, degree and title.

9 (4) If a service provider is discharging a child from a service prior to the child's exit
10 from the total program, he shall prepare a discharge summary and shall send it to the
11 primary service coordinator. The service coordinator, upon the child's exit from the total
12 program, shall also prepare a discharge summary. The discharge summary shall
13 include:

14 (a) The child's name;

15 (b) The child's date of birth;

16 (c) The child's identification number or social security number;

17 (d) The child's primary service coordinator;

18 (e) The name of the professional, service and agency that is discharging the child;

19 (f) The child's entry and exit date to that service;

20 (g) The reason for discharge;

21 (h) The summary of services and progress;

22 (i) Recommendations;

23 (j) The signature of the person completing the report; and

1 (k) The date the report was completed.

2 (5)(a) A service provider identified on the current IFSP shall have access to review
3 the First Steps record.

4 (b)1. A person inspecting the record shall sign the Access to Review Record log
5 located in the front of a child's record.

6 2. The minimum information to be included in the Access to Review Record log
7 shall be:

8 a. The name and title of the person reviewing the record;

9 b. The date of the review; and

10 c. The purpose of the review.

11 (c) Anyone who is not the child's parent, caregiver, or service provider identified on
12 the IFSP shall have a release of information signed from the child's parent or caregiver
13 to review or receive copies of the child's record. The written consent shall include:

14 1. Date of the request;

15 2. From whom the information is being requested;

16 3. Specific information to be released;

17 4. The child's name, date of birth, and social security number;

18 5. To whom the information shall be sent;

19 6. The purpose for which the information is needed;

20 7. The parent's caregiver's signature and date; and

21 8. The witness signature and date.

22 (6) A parent or caregiver shall have the right to review and inspect his child's First
23 Steps record according to the following procedures:

1 (a) The staff available at the time the parent or caregiver arrives to inspect the
2 record shall verify the identification of the person requesting to inspect the record to
3 ensure that he is the parent or caregiver of record.

4 (b) The First Steps service provider shall provide one free copy of the record to the
5 parent or caregiver upon his request once the child has exited the program.

6 (c) If the parent or caregiver requests additional copies, there shall be a charge of
7 no more that ten (10) cents per page.

8 (d) If the parent or caregiver requests an explanation of the record, the primary
9 service coordinator shall arrange for a representative to be present to explain or discuss
10 the record via an appointment. The representative shall be knowledgeable regarding
11 the parent's area of concern.

12 (e) If a service provider generates a written report to be included in a child's record,
13 the provider shall also provide a copy to the parent.

14 (7) A parent or caregiver may request an amendment to his child's First Steps
15 record according to the following:

16 (a) A documented legal change, such as a name change, address change or a
17 change in custodian, shall be immediately made upon request of the parent or
18 caregiver.

19 (b) Information that the parent or caregiver feels is inaccurate, misleading or will
20 lead to the invasion of his privacy may be requested for change. If the agency refuses
21 to amend the part of the record that he parent or caregiver wants changed, the parent or
22 caregiver shall be reminded of his due process rights in accordance with 911 KAR
23 2:170 and 911 KAR 2:180.

Section 4. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) First Steps Individualized Family Service Plan (IFSP), October 28, 1998; ~~and~~
- (b) First Steps Individualized Family Service Plan (IFSP), ~~July~~ ~~January~~ 2004; and
- (c) "Assessment Not Indicated by PLE Score" (Form 16), July 2004 edition.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Commission for Children with Special Health Care Needs, 982 Eastern Parkway, Louisville, Kentucky 40217, Monday through Friday, 8 a.m. to 4:30 p.m.

911 KAR 2:130

(Amended after Comments)

Reviewed:

APPROVED:

James Gildersleeve, Chair	Date
Commission for Children with Special Health Care Needs	

Eric Friedlander, Executive Director	Date
Commission for Children with Special Health Care Needs	

James W Holsinger, Jr. M.D. Secretary	Date
Cabinet for Health Services	

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 911 KAR 2:130

Cabinet for Health Services

Commission for Children with Special Health Care Needs

Agency Contact Person: Trish Howard (502-595-4459 ext. 267) or Eric Friedlander
(502-595-4459 ext 271)

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the provisions of assessment and the Individualized Family Service Plans used in First Steps, Kentucky's Early Intervention Program.

(b) The necessity of this administrative regulation: KRS 200.660 requires the Cabinet to promulgate administrative regulation regarding this program.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statutes by establishing the assessment and IFSP requirements for services provided through this program.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of the statutes by providing the criteria by which a child shall be assessed for services and by providing the requirements for an Individualized Family Services Plan (IFSP) in accordance with KRS 200.664.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment allows for a revision of the IFSP form, with the input of various stakeholders throughout the Commonwealth and the Interagency Coordinating Council (ICC) and to include requirements for a staff note, a progress report and a discharge summary.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary in order to ensure that the IFSP meetings are family-centered and coordinated among agencies in accordance with KRS 200.654(7) and to include requirements for a staff note, a progress report and a discharge summary.

(c) How the amendment conforms to the content of the authorizing statutes: The authorizing statutes require the promulgation of administrative regulations in order to implement this program and facilitates the implementation of services authorized on the IFSP in accordance with KRS 200.660(6).

(d) How the amendment will assist in the effective administration of the statutes: By promulgating this administrative regulation, the First Steps Program will be able to continue to provide much needed services to the vulnerable developmentally delayed children of Kentucky in compliance with federal regulations.

(3) List the type and number of individuals, businesses, organizations, or state and local government affected by this administrative regulation: This

administrative regulation potentially affects approximately 640 providers and 4100 children annually.

(4) Provide an assessment of how the above group or groups will be impacted by either the implementation of this administrative regulation, if new, or by the change if it is an amendment: This amendment will enable service coordinators and IFSP team members to make IFSP meetings more meaningful to families and will enable the administration to capture data mandated by the federal Office of Special Education Programs.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: The amendments to this administrative regulation are not anticipated to result in a fiscal impact.

(b) On a continuing basis: Same

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Federal Part C, and Medicaid funding and state General funds.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: An increase in fees or funding will not be necessary in order to implement this amendment.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish or increase any fees.

(9) Tiering: Is tiering applied? (Explain why tiering was or was not used)

Tiering was not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it. Disparate treatment of any person or entity subject to this administrative regulation could raise questions of arbitrary action on the part of the agency. The “equal protection” and “due process” clauses of the Fourteenth Amendment of the U.S. Constitution may be implicated as well as Sections 2 and 3 of the Kentucky Constitution.